

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. General Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 36878  
Registered No. 4307  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 312 N. Belmont  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No record 1911

7. AGE YEARS 37 MONTHS 4 unknown DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

17. INFORMANT Record Clerk, Gen Hosp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 10-26-37

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) Kansas City, Mo.

20. FILED Oct 26 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/7/37 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19

I last saw him alive on \_\_\_\_\_, 19. Death is said to have occurred on the date stated above, \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Shooting wound of the back  
Hemiplegia  
Acute pyelonephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external causes (violent), fill in also the following: Accident, suicide, or homicide. Date of injury 10/1/37  
Where did injury occur St. Louis, Mo. + Blue Room, Kansas (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot by firearm  
Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

